

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006377

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1095

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1

23768

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9332X

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1267-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF John R. Whiteman MEDICAL CERTIFICATION

Funeral Director

Floral Hills Funeral Home
Kansas City, Missouri

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

2-19-1963

23c. NAME OF CEMETERY OR CREMATORY

Floral Hills

23d. LOCATION (City, town, or county)

Kansas City, Missouri

25. DATE RECD. BY LOCAL REG.

2-19-63

26. REGISTRAR'S SIGNATURE

Ruth Long

1. PLACE OF DEATH
a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

Length of stay in lb
50 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St Mary's Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
5246 Brooklyn

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First MYRTLE

Middle WINN

Last BROOKING

4. DATE OF DEATH

Month Day Year
February 17, 1963

5. SEX
Female

6. COLOR OR RACE
Caucasian

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
9-30-1882

9. AGE (last birthday)
80

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Registered Nurse

10b. KIND OF BUSINESS OR INDUSTRY
Nursing

11. BIRTHPLACE (City and state or country)
Decatur, Illinois

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

James A. Duggan

13b. MOTHER'S MAIDEN NAME

Caroline Doty

14. NAME OF HUSBAND OR WIFE

A. Russell Brooking

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

034 Donald C Winn Kansas City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

Cerebral Vascular occlusion

INTERVAL BETWEEN ONSET AND DEATH

2 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Pulmonary infarction

10 days

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour s.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-53 to 2-17-63 and last saw her alive on 2-17-63
Death occurred at 12:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John R. Whiteman MD

22b. ADDRESS

6314 Brookside Plaza

22c. DATE SIGNED

2-18-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2-19-1963

23c. NAME OF CEMETERY OR CREMATORY

Floral Hills

23d. LOCATION (City, town, or county)

Kansas City, Missouri

25. DATE RECD. BY LOCAL REG.

2-19-63

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

6314 Broadway Plaza
8-5 PM
H. John Williams

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. M. Joiner

Licensed Embalmer No. 3452

P. O. Address H. E. Joiner

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.